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CONFIRMATION NO. 7057

<b>SERIAL NUMBER</b> 09/803,257	<b>FILING OR 371(c) DATE</b> 03/09/2001 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2614	<b>ATTORNEY DOCKET NO.</b> 3670-4002
<b>APPLICANTS</b> Oliver W. Gamble, New York, NY; <b>** CONTINUING DATA **</b> <i>YES GG</i> This application is a CIP of 09/552,711 04/19/2000 PAT 7,068,776 <b>** FOREIGN APPLICATIONS **</b> <i>NONE GG</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/21/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>cf. field signature</i> <i>GG</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 51 <b>INDEPENDENT CLAIMS</b> 24
<b>ADDRESS</b> OLIVER W. GAMBLE 436 EAST 75TH STRET NEW YORK, NY10021				
<b>TITLE</b> Method and system for remotely accessing and controlling remote devices				
<b>FILING FEE RECEIVED</b> 3248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	